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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration Submitted With Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	PU050005
First Named Inventor	Jill MacDonald Boyce et al.
COMPLETE IF KNOWN	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND APPARATUS FOR COMPLEXITY SCALABLE VIDEO DECODER

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

March 31, 2005

as United States Application Number or PCT International

Application Number

PCT/US2005/010436

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
US 60/558,862	April 2, 2004	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

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Name	JOSEPH S. TRIPOLI		
Address	THOMSON LICENSING INC.		
Address	PO Box 5312		
City	State	ZIP	
PRINCETON	NJ	08543-5312	
Country	Telephone	Fax	
USA	609-734-6807	(609) 734 - 6888	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name JILL MACDONALD	Family Name BOYCE or Surname
------------------------------	------------------------------------

Inventor's Signature <i>Jill MacDonald Boyce</i>	Date 6/1/05
---	----------------

Residence: City Manalapan	State New Jersey	Country US	Citizenship US
------------------------------	---------------------	---------------	-------------------

Mailing Address

Mailing Address 3 Brandywine Court			
City Manalapan	State New Jersey	ZIP 07726	Country US

NAME OF SECOND INVENTOR: ☐ A petition has been filed for this unsigned inventor

Given Name ALEXANDROS MICHAEL	Family Name TOURAPIS or Surname
----------------------------------	---------------------------------------

Inventor's Signature	Date
----------------------	------

Residence: City Santa Clara	State CA	Country US	Citizenship GR
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Mailing Address

Mailing Address 1550 Vista Club Circle, #304			
City Santa Clara	State California	ZIP 95054	Country US

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION — Utility or Design Patent Application

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Address	PO Box 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA	Telephone	609-734-6807	Fax	(609) 734 - 6888
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	JILL MACDONALD	Family Name or Surname BOYCE			
Inventor's Signature					Date
Residence: City	Manalapan	State	New Jersey	Country	US
Mailing Address					
Mailing Address 3 Brandywine Court					
City	Manalapan	State	New Jersey	ZIP	07726
				Country	US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name	ALEXANDROS MICHAEL	Family Name or Surname TOURAPIS			
Inventor's Signature					Date 05/31/2005
Residence: City	Santa Clara	State	CA	Country	US
				Citizenship	GR
Mailing Address					
Mailing Address 1550 Vista Club Circle, #304					
City	Santa Clara	State	California	ZIP	95054
				Country	US
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	
	Filing Date	
	First Named Inventor	Jill MacDonald Boyce et al.
	Title	Complexity Scalable Video Dencoding
	Art Unit	
	Examiner Name	
	Attorney Docket Number	PU050005

I hereby appoint:

☒ Practitioners at Customer Number **Customer Number 24498**

OR

☒ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

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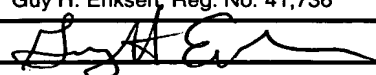
<input checked="" type="checkbox"/> Firm or Individual Name	Joseph J. Laks, Patent Operations				
Address	THOMSON LICENSING INC.				
Address	P. O. BOX 5312				
City	PRINCETON	State	NJ	ZIP	08543-5312
Country	USA				
Telephone	609-734-6820	Fax	609-734-6888		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Guy H. Eriksen, Reg. No. 41,736				
Signature					
Date	22 SEPT 2006			Telephone	609-734-6807

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 5 forms are submitted.

POWER OF ATTORNEY
THOMSON RESEARCH FUNDING CORPORATION

We, Thomson Research Funding Corporation
10330 North Meridian Street
INH 340
Indianapolis, Indiana 46290 USA

do hereby grant Joseph S. Tripoli
Senior Vice President
Thomson Licensing Inc.
Two Independence Way
Princeton, New Jersey 08540

a revocable, non-exclusive and delegable power of attorney to act for us (including the signing of requisite documents) in proceedings concerning patents and applications for patents, including international and other multi-country patents and applications for patents, in our name in the Patent Offices in all countries worldwide from September 1, 2003.

DATED this 15th day of September, in the year 2003.

SIGNED Kumar Ramaswamy
Kumar Ramaswamy
President

September 15, 2003

Dauida Fornarotto
Notary Public

DAVIDA P. FORNAROTTO
NOTARY PUBLIC OF NEW JERSEY
My Commission Exp. Jan. 28, 2007

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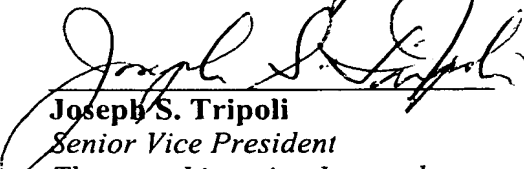
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Ronald H. Kurdyla - *Manager, U.S. Patent Operations*
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Robert D. Shedd - *Manager, U.S. Patent Operations*
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DATED this 15th day of September, 2003.

SIGNED


Joseph S. Tripoli
Senior Vice President
Thomson Licensing Inc. and
Attorney In Fact for
Thomson Research Funding Corporation

WITNESS

David A. Fournette

POWER OF ATTORNEY
THOMSON RESEARCH FUNDING CORPORATION

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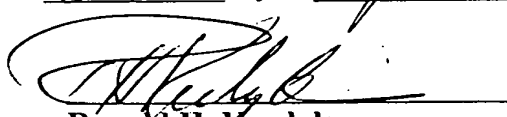
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Guy H. Eriksen - Sr. Patent Counsel
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DATED this 2nd day of April, 2004.

SIGNED


Ronald H. Kurdyla
Sr. Patent Counsel
Thomson Licensing Inc. and
Attorney In Fact for
Thomson Research Funding Corporation

WITNESS

David Fournier

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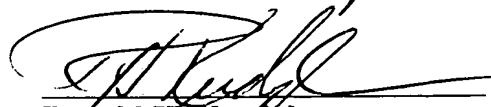
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DATED this 21 day of April, 2004.

SIGNED



Ronald H. Kurdyla
Sr. Patent Counsel
Thomson Licensing Inc. and
Attorney In Fact for
Thomson Research Funding Corporation

WITNESS

